



# Local Health Department Finance & Billing Principles

Presented by DHHS/DPH/LTAT Public Health Administrative Consultants

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**Effective May 1, 2018**

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# Consolidated Agreement & Agreement Addenda

Presented by Jessica Garner

Public Health Administrative Consultant

DHHS/DPH/LTAT



# Training Objectives



- Discuss the responsibilities of the state and the local health department
- Identify and discuss funding stipulations within the contract
- Review financial and reporting requirements
- Review and discuss policies related to personnel, confidentiality, and civil rights
- Discuss the disbursement of funds
- Discuss amendments, compliance and termination procedures of the agreement



# Consolidated Agreement

- Contract between Local Health Department & DPH
- Outlines requirements for Local Health Departments and NC Division of Public Health
- It applies to all activities related to DHHS funding reimbursed through the WIRM
- Revised and Renewed Annually

<http://publichealth.nc.gov/lhd/docs/CA-Final-FY17.pdf>



# Consolidated Agreement Con't

- Amendments and Termination of the Agreement
- Amendments, modifications, termination or waivers
  - Can be made at any time by mutual consent of all parties.
  - Need to be in writing and signed by appropriate authorities
  - Either party may terminate this agreement upon sixty (60) days written notice
  - If termination occurs, the health department will receive payment only for allowable expenditures

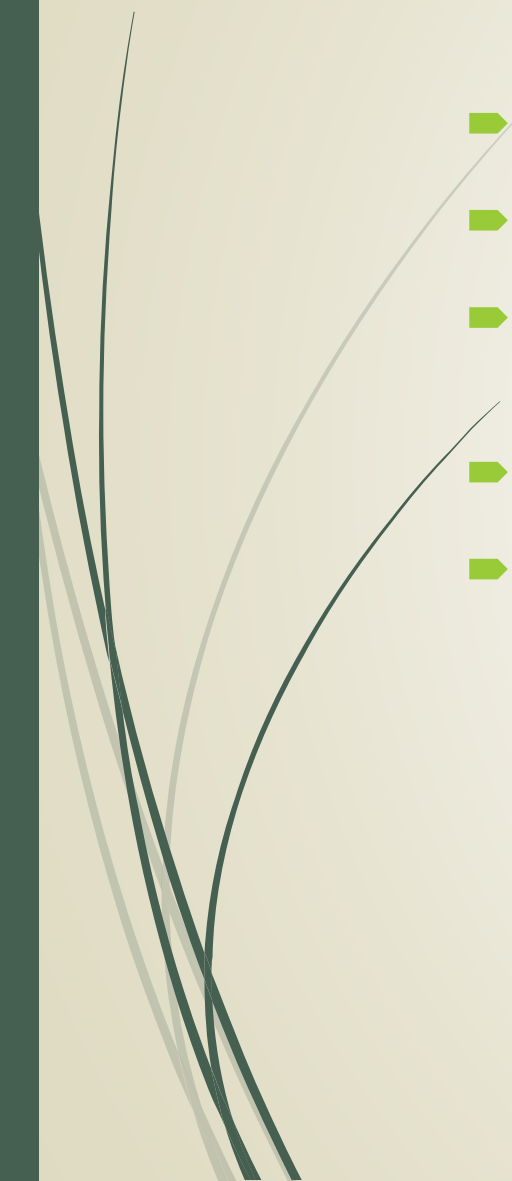


# Responsibilities of the LHD

- ▶ Comply with all program rules in North Carolina Administrative Code, as well as all other federal/state regulations
- ▶ Perform the activities specified in the Program Agreement Addenda
- ▶ Report client, service, encounter, and other data as specified by applicable program rules into the HSA system
- ▶ Enforce all rules adopted by the Commission for Public Health (GS 130A-29)
  - ▶ [http://www.ncga.state.nc.us/enactedlegislation/statutes/html/bychapter/chapter\\_130a.html](http://www.ncga.state.nc.us/enactedlegislation/statutes/html/bychapter/chapter_130a.html)
- ▶ Provide formal training for Governing Boards



# Funding Stipulations

- ▶ Funding is always based on availability of state and federal dollars
  - ▶ Supplanting is not allowed
  - ▶ time records/sheets must be based on actual time worked in the activity
  - ▶ Complete a provider participation agreement with Medicaid
  - ▶ Establish one *charge/fee* for all payors (including Medicaid) based on related costs
- 



# Reimbursement for Public Health Training

- See Attachment C in the consolidated agreement



# Fiscal Control

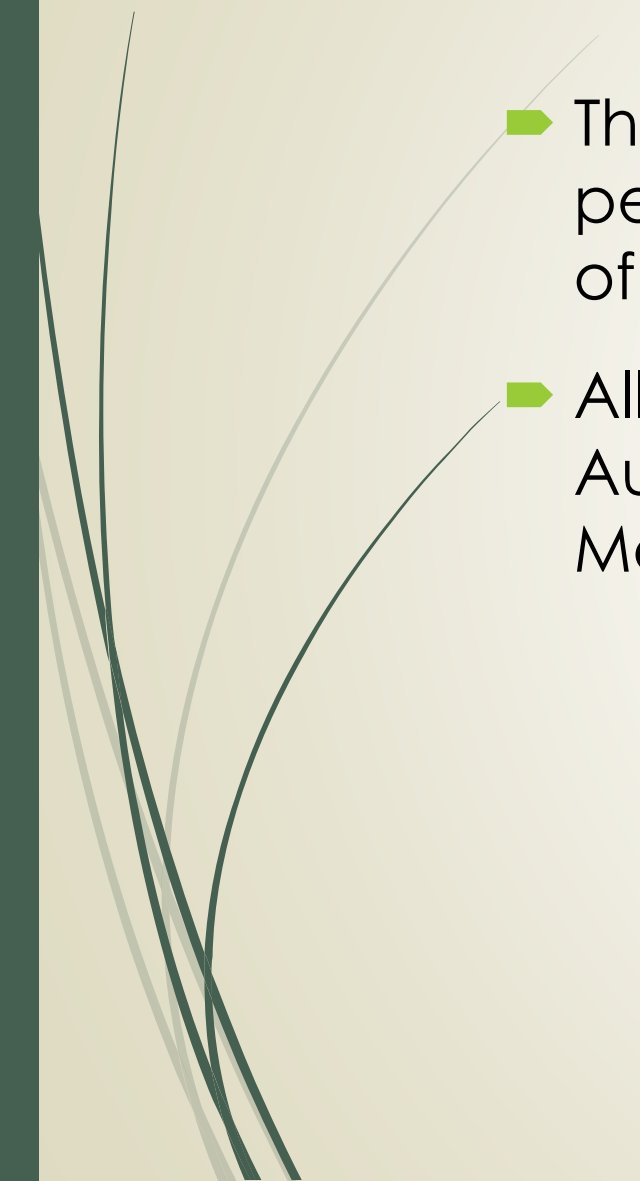
Health Departments shall retain copies of the following budget & expenditure reports:

## Records Disposition Schedule

- ➡ <https://archives.ncdcr.gov/government/retention-schedules/local-government-schedules> (updated April 2018)



# Audit Requirements

- ▶ The Department shall have an annual audit performed in accordance with “The Single Audit Act of 1984 and OMB Circular A-133
  - ▶ All District Health Departments and Public Health Authorities must complete quarterly a Fiscal Monitoring Report
- 



# Confidentiality



- All information regarding provision of services or other activity under this agreement shall be privileged and be held confidential
- Information cannot be released without proper consent
- All employees must sign confidentiality statements

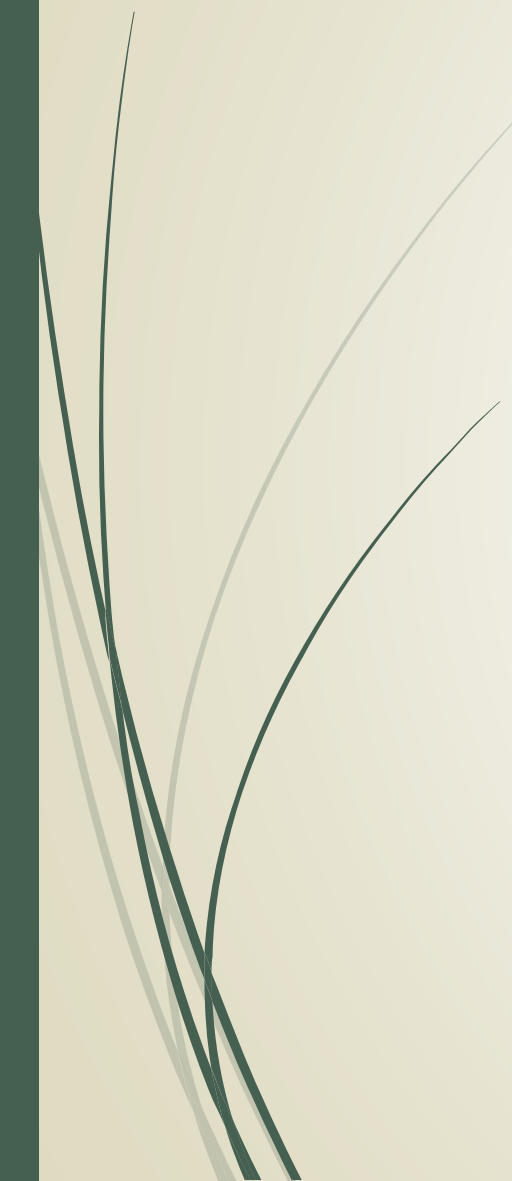


# Responsibilities of the State

- Provide training and technical assistance:
- Management Teams/Staffing
- Policy Development
- Program Planning and Implementation
- Quality/Performance Improvement
- General Administrative Consultation
- Board Relations



# Responsibilities of the State

- Provide “Estimates of Funding Allocations” no later than Feb 15<sup>th</sup>
  - Provide a “Funding Authorization” to the Department after the receipt of the Certified State Budget
  - Provide a final Budget Form after receipt of the Certified State Budget
- 



# Agreement Addenda

# Agreement Addenda Con't

351FY17v4FINAL.pdf - Adobe Acrobat Reader DC

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**Division of Public Health**  
**Agreement Addendum**  
**FY 16–17**

Page 1 of 8

Master	Women's and Children's Health / Children and Youth Branch
<b>Local Health Department Legal Name</b>	<b>DPH Section/Branch Name</b>
351 Child Health	Jean Vukoson (919) 707-5644 Jean.Vukoson@dhhs.nc.gov
<b>Activity Number and Description</b>	<b>DPH Program Contact</b> (name, telephone number with area code, and email)
06/01/2016 – 05/31/2017	
<b>Service Period</b>	<b>DPH Program Signature</b> <b>Date</b> (only required for a <u>negotiable</u> agreement addendum)

# Agreement Addenda Con't



It is important that the  
Health Director use **Blue Ink**  
as noted here

\_\_\_\_\_  
Health Director Signature (use blue ink)

\_\_\_\_\_  
Date

Local Health Department to complete:  
(If follow up information is needed by DPH)

LHD program contact name: \_\_\_\_\_  
Phone number with area code: \_\_\_\_\_  
Email address: \_\_\_\_\_

Signature on this page signifies you have read and accepted all pages of this document.

Revised 8/8/12

# Scope of Work and Deliverables

## **Scope of Work and Deliverables:**

The Family Planning program has a negotiable Agreement Addendum. Please complete Sections A and B along with the appropriate worksheets (attached). Attachment A and Attachment B worksheets, if needed **must** be returned with the signature page (page 1). Women's Health Branch (WHB) staff will review and approve.

### **Section A: Non-Medicaid Services (Attachment A)**

**Amount \$** \_\_\_\_\_

The Health Department will provide Non-Medicaid Service Deliverables in FY14 that meet or exceed the total dollar value of all services budgeted. Health Information System (HIS) service data as of August 31, 2014 will provide the documentation.

**Instructions: Using Attachment A worksheet, local agencies must use the reimbursement rates for each service type in estimating the total cost of Section A deliverables.**

### **Section B: Other Program Services (Attachment B)**

**Amount \$** \_\_\_\_\_

If the total estimated cost of Section A is less than the total amount of Department of Health and Human Services (DHHS) funds budgeted in the budgetary estimates in the DPH Aid to County Database (WIRM), additional information must be provided on how the local agency will use the remaining DHHS funds to further the program's goals and objectives. In Attachment B, list only activities that are not Medicaid reimbursable and not part of the cost of the service deliverables in Section A. No physician time can be billed except for clinical visits that are not reimbursed by Medicaid. **The total estimated cost of all Section A and Section B deliverables must equal or exceed the total DHHS funds budgeted.**

**Instructions: See Attachment B; Section B, Other Program Deliverables for suggestions of allowable areas of expenditures for this Section. Please return this worksheet with your signed Agreement Addendum, only if Section B/Other Program Deliverables are being used.**

**Total Family Planning Budget (Attachment A amount + Attachment B amount)**

**Total Amount \$** \_\_\_\_\_

**Please return to DPH:**

- Signature page (page 1)
- Page 2
- Attachment B, if necessary (page 14)
- Attachment C (page 16)



# In Summary

- Be certain to send your completed Agreement Addenda in on time- typically noted in the cover letter that comes with the packet
- Review and retain copies of all Agreement Addenda- this is your fiscal guide for the year and contains requirements for drawing down funds
- Ensure that appropriate clinical staff have this information (program coordinators/ DON/etc).



# Quick Reference Program Rules & Regulations



## NC DPH For Local Health Departments

<http://publichealth.nc.gov/lhd/docs/ProgramRules-March2018.pdf>



# QUESTIONS



# Budget Preparation Maintenance of Effort Business Reports

Presented by

Ann Moore

Public Health Administrative Consultant

DHHS DPH LTAT

-



# NCGS 159

## Local Government Finance

- NCGS 159-8 (a)

- Each local government and public authority shall operate under an annual balanced budget ordinance adopted and administered in accordance with this article.

- NCGS 159-8 (b)

- The budget ordinance of a unit of local government shall cover a fiscal year beginning July 1 and ending June 30.

# Different County Budget Types



One county health department budget regardless of the number of program budgets



Two or more program budgets within one county budget



One county budget per program budget



Budget Preparation

Expenditures  
Equal  
Revenues





# Health Department Expenditures

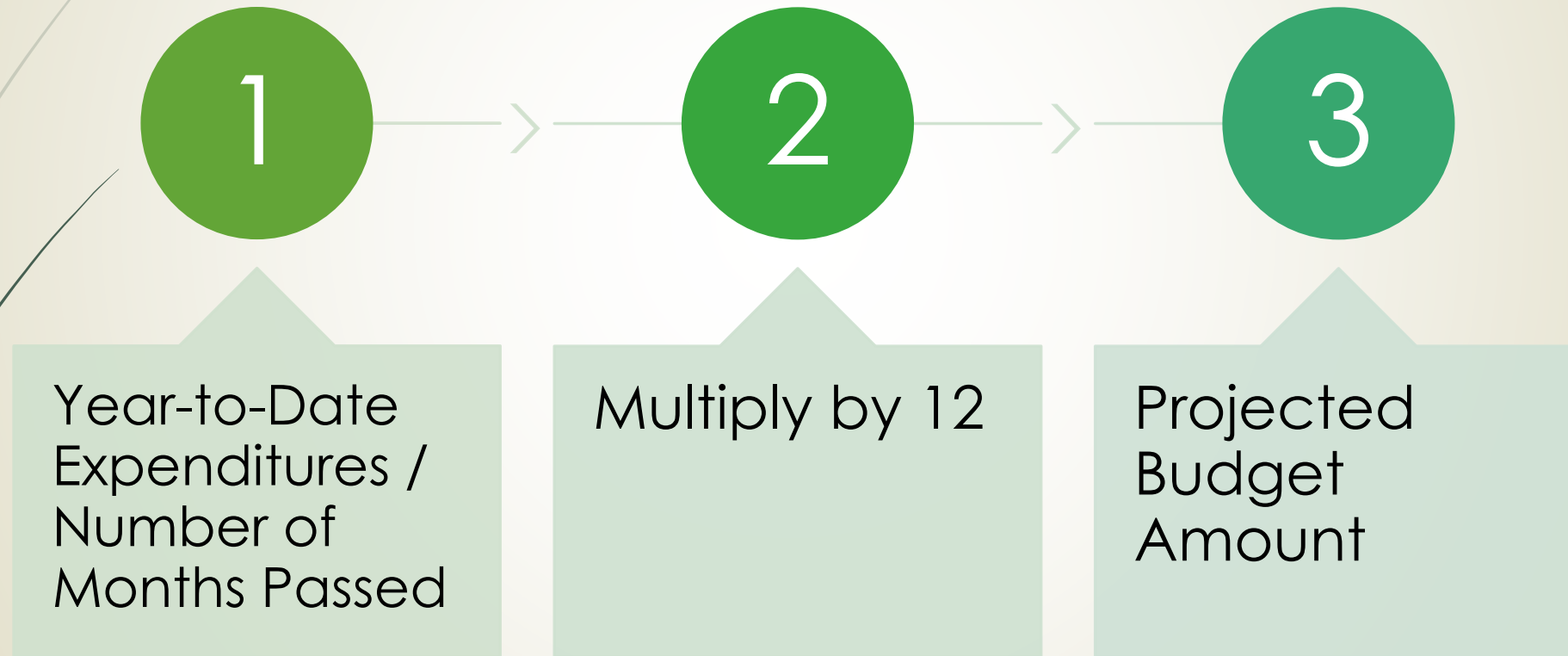
- Salaries and Fringe Benefits
  - Include Training Expenses if Hiring New Staff
- Operating expenses
  - Vendor Contracts
  - Anticipate Increased Costs
- Capital Outlay
  - Prior Approval may be required
  - WIC has special requirements



# Administrative Overhead

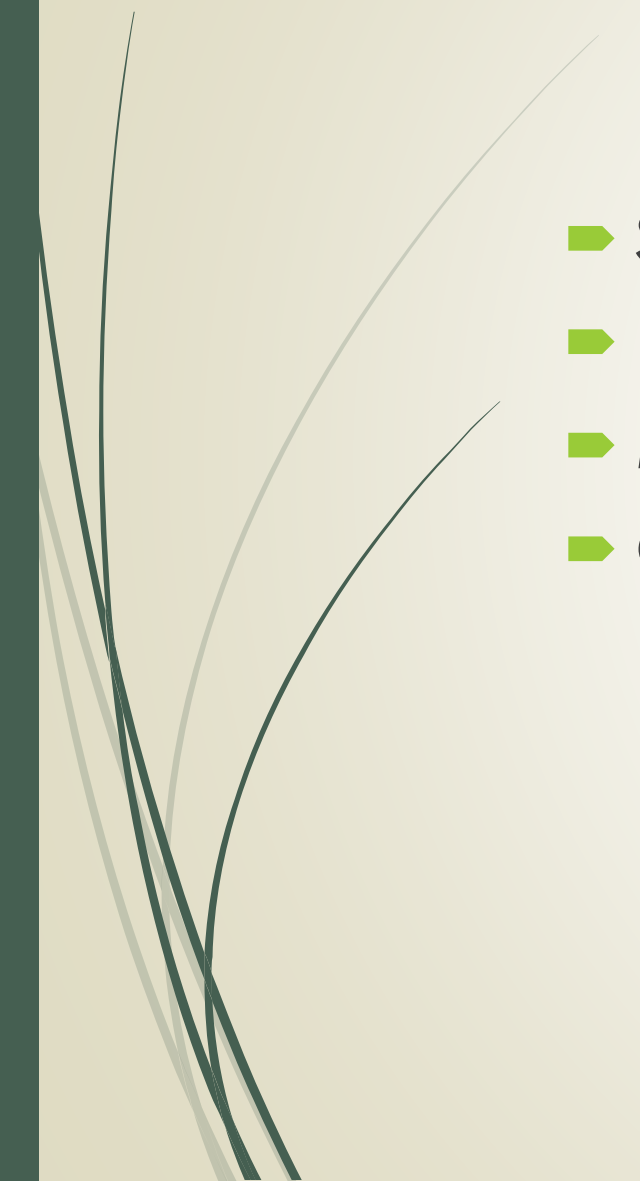
- Most DHHS grants reimburse Administrative Overhead Costs
- Some DHHS grants limit by percentage and/or other method
- Still BUDGET overhead expenses if appropriate
  - Use funding source other than program funds

# Budget Calculations





# Health Department Revenues

- State/Federal grant dollars
  - Local appropriations
  - Medicaid earnings
  - Other receipts
    - Fees (Self Pay Patients, Companies, etc.)
    - Third-party billings (insurance, Medicare, etc.)
    - Grants (Kate B. Reynolds, March of Dimes, etc.)
    - Contracts, Donations
- 



# State Funding

- Includes State Grants and Federal Grants
- Allocated Annually
- Refer to your Agreement Addendum and Funding Authorization
  - Required Work Activity
  - Funding Stipulations

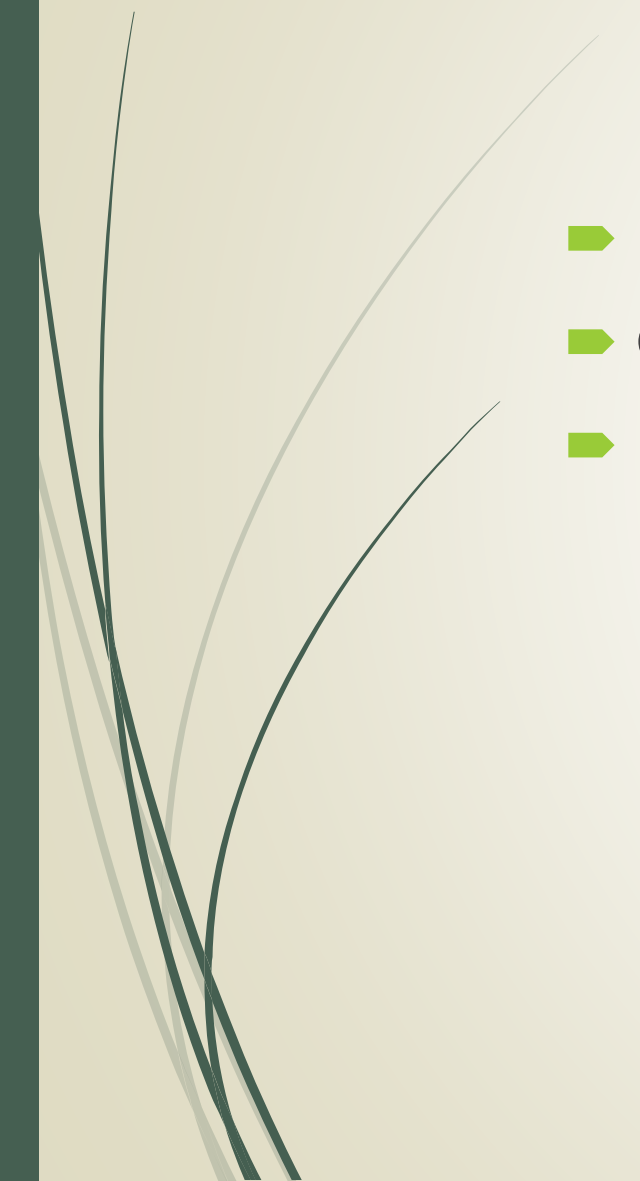


# Medicaid Earnings

- Consolidated Agreement C.4.g
  - Must equal or exceed revenues earned during FY 2016-2017
  - Budgeted amounts less than revenues earned during FY 2016-2017 must be justified
- Ensure that denials are rebilled promptly
- Medicaid Cost Settlement
- Single County Health Departments are responsible for providing County Finance with details for posting Medicaid payments



# Insurance Revenues

- Pursue credentialing with insurance carriers
  - CAQH – standard credentialing application
  - Ensure that denials are rebilled promptly
- 



# Self Pay Patient Fees

- Highest probability of collection is while patient is onsite for visit
- Patient Statements should be mailed monthly
- Payment Agreements are effective **IF** someone follows up
- Utilize NC Debt Setoff
- Reminder – all WCH charges must slide



# Medicaid, Insurance, and Self Pay

- Consolidated Agreement C.4.b.
  - Revenue Spent in Program where it was Earned
    - WCH revenues can be spent in any WCH program unless specific Agreement Addendum has more restrictive requirement
- Consolidated Agreement C.4.c.
  - Unspent Revenue Carries Forward
- Consolidated Agreement C.4.f.
  - Funds carried forward should be spent in program where earned



# Other Revenue Sources

- Company Contracts
  - Grants
    - Kate B. Reynolds
    - March of Dimes
    - Local Grants
  - Donations
    - Patients
    - Businesses
- 



# Local Appropriations

- Consolidated Agreement B.2.
  - May not be supplanted
- Consolidated Agreement C.4.a.
  - May not be supplanted



# Local Appropriations

- Consolidated Agreement A.17.
  - Maintenance of Effort (MOE) is maintained for Maternal Health, Child Health, and Family Planning
    - Equal to or Greater than July 1, 1984 – June 30, 1985
    - Adjusted by federally accepted inflation index
    - Attachment B

# MOE Form – Local Use Only

North Carolina Department of Health and Human Services						
Division of Public Health						
Local Health Department Staff Time/Activity Report						
for Fiscal Year Ended May 30, 20XX						
<u>Local Health Dept:</u>						
<u>Program</u>	<u>DPH Contract Number</u>	<u>[A] Total Staff Time (Salary/Fringe) in this Program</u>	<u>[B] Salary/Fringe Expenditures Reimbursable by DPH</u>	<u>[C] Salary/Fringe Expenditures Reimbursable by Other Grants *</u>	<u>[D] A-(B+C)=D Local Staff Time (Salary/Fringe) in this Program</u>	
Child Health					\$ -	
Maternal Health					\$ -	
Family Planning					\$ -	
				Total:	\$ -	**
* Other grants refer to non-DPH grants from other governmental agencies or private foundations.						
**This amount will be compared to the "TOTAL" amount entered for Fiscal Year 1984-1985 to determine compliance with the local maintenance of effort requirement of Chapter 479, Section 99 of the 1985 Session Laws.						
CERTIFICATION:	The above information is accurate to the best of our knowledge and belief and has been derived from the employee time and financial records of the Health Department.					
CONTRACTOR SIGNATURES:						
	Health Director		Finance Officer			

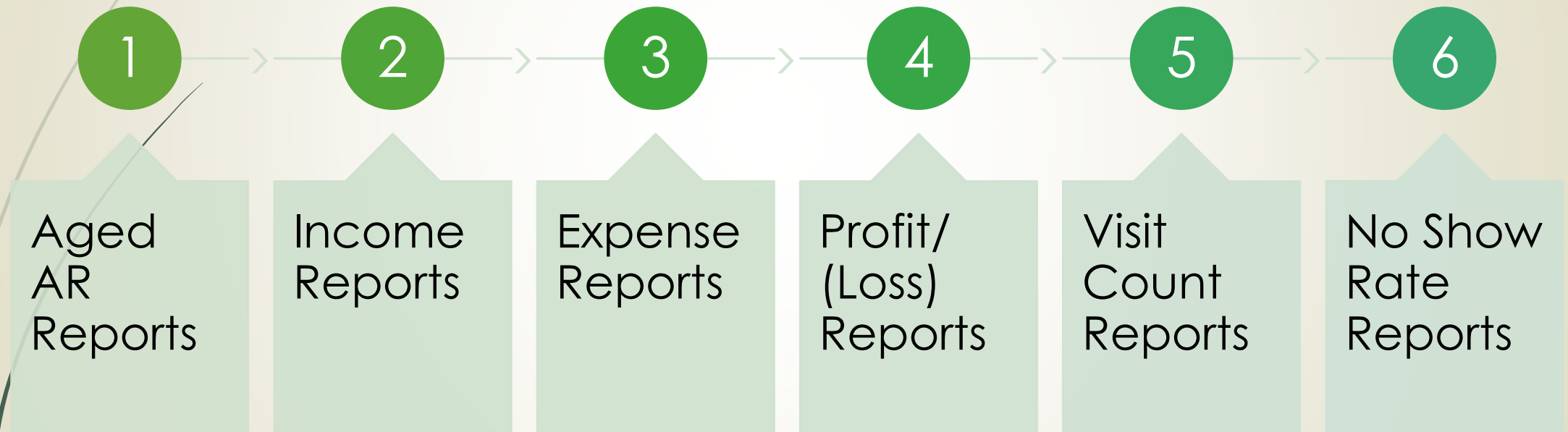


# Tracking Reports



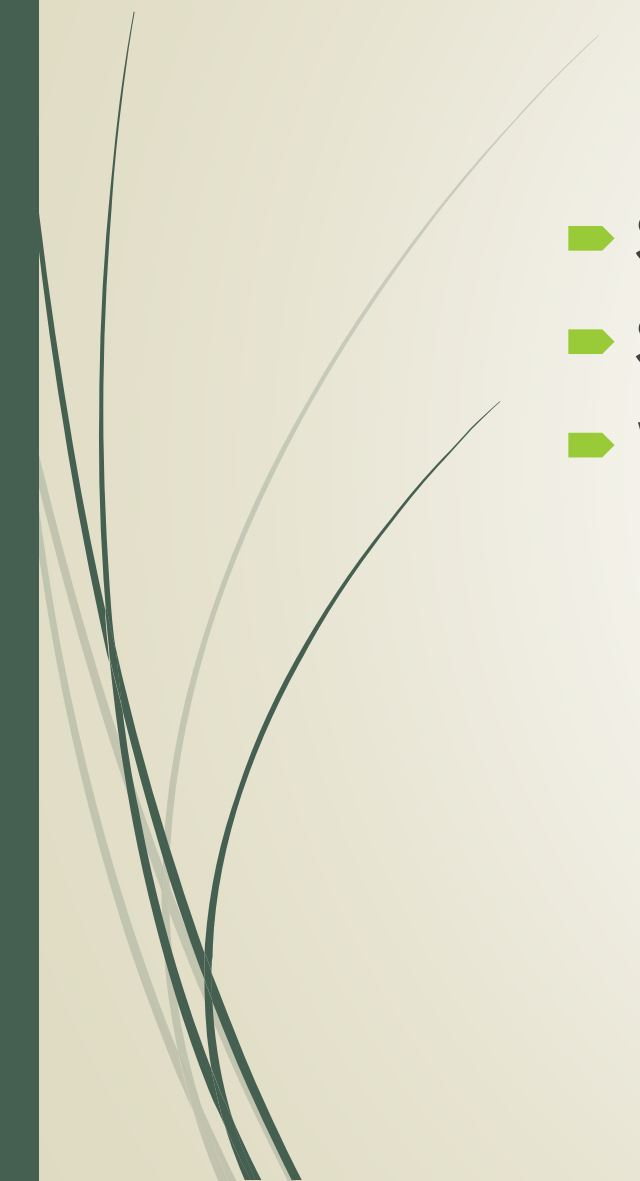
- ▶ Monitor budgets throughout the year and amend as needed
- ▶ Ensure that you stay within your budget throughout the year
- ▶ Ensure that all chargeable expenses are coded to the appropriate program
- ▶ Ensure that billing is current
- ▶ Monitor Program Profit/(Loss)

# Agency Reports and Considerations for Health Directors





# Aged Accounts Receivable Report

- Shows amount of outstanding debt
  - Sort by payor type
  - Watch time frame of outstanding accounts
    - Medicaid – less than one year old
    - Insurance – less than one year old
    - NC Debt Setoff – at least 90 days old
    - Self Pay – are any of these debts eligible for write off?
- 



# Revenue Spreadsheets

- Earned Revenue Should be Separated by Program and then by Pay Source
- Track each Revenue Source Separately
  - Budgeted Amount
  - Year to Date Revenue
  - Percentage Received
- Total Revenues by Program
- Reconcile with County Finance General Ledger
- Review Monthly during last half of fiscal year

# Tracking Revenue is Important

## Planning

Budget Planning  
for Next Fiscal  
Year

## Reviewing

Determine if  
Current  
Budgeting  
Expectations are  
Met

## Monitoring

### Billing Activity

- Are encounters up to date?
- Are denials corrected and resubmitted?
- Are bills created and mailed?
- Are all allowable services billed?



# Expenditure Spreadsheets

- ▶ Track the status of each expenditure line
  - ▶ Budgeted Amount
  - ▶ Year to Date Expenditure
  - ▶ Percentage Spent
- ▶ Track total expenditures by Program
- ▶ Review Monthly during last half of fiscal year
- ▶ Review County Finance Detail General Ledger Monthly



# Tracking Expenditures is Important

## Planning

Budget Planning  
for Next Fiscal  
Year

## Reviewing

Determine if  
Current  
Budgeting  
Expectations are  
Met

## Monitoring

Ensures that Bills  
are Paid Timely

# Profit/(Loss) Reports

1

Separated by  
Program

2

Compare Revenue  
to Expenditures

3

Will Determine Each  
Program's  
Profit/(Loss)



# Performance Reports

1

Practice Management  
Financial Worksheet

2

Practice Management Clinical  
Worksheet



# Cost Effectiveness

- Effective Utilization of Staff
  - Evaluate direct patient contact time
  - Number of staff assigned to clinic
  - Consider No-Show rate
  - Consider increasing number of appointments
- Evaluate Whether Services are Still Needed



# Budget “Notebook” – Quick Access

- Approved County Budget
  - Current Budget Status
  - Payroll Positions
  - Consolidated Agreement
  - Program Agreement Addenda
  - Program Funding Authorizations
- 



# QUESTIONS




# Time Equivalencies

Presented by Sandy Tedder,  
Public Health Administrative Consultant  
Local Technical Assistance and Training



# Time Sheet/Time Study

- Determines cost of salary and fringe for each activity/program
  - Needed to complete Expenditure Report in Aid to County
  - Required by Consolidated Agreement
- 



## Consolidated Agreement B.6

- Signed employee time records
- Actual work activity
- Daily basis
- Computed at least monthly
- Charged to Federal and State grants



# Reminders

- Include every activity on time study
- Enter time as it was actually worked
- Employee should complete, sign, and date
- Supervisor signature and date required
- Make any corrections with strikethrough and initials
- Also may be complete electronically



# Time Equivalency

- Employee's salary and fringe comes from county payroll register
- Hours worked in each program is converted to percentages
- Salary/Fringe expense is re-calculated for each program based on time sheets
- Total Salary/Fringe from County Expenditure Report should equal Total Salary/Fringe on Time Equivalency

# Example of a Time Study

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ MONTH/YEAR: June 2013 TIME STUDY SHEET

CATEGORY - DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Administration																													
Quality Assurance																													
Vital Records																													
Animal Control																													
Environ. Health																													
Childhood Lead																													
Health Ed/H. Prom.																													
Adult Health/Pri. Care																													
Child Health																													
CC4C																													
Children's Special Needs																													
Communicable Disease																													
AIDS/HIV																													
STD																													
TB																													
Immunizations																													
Prep & Response																													
Comm. & Risk																													
Small Pox																													
Strat. Nat. Stockpile																													
Family Planning																													
TANF																													
Maternal Health																													
PCM																													
WIC - Administration																													
WIC - Breastfeeding																													
WIC - Client Services																													
WIC - Nutri Education																													
WIC - BFPC																													
TOTAL HOURS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
CATEGORY - DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

CERTIFICATION: I do hereby swear or affirm that the statements provided on this form are true and correct and that my employer, Scotland County, is fully relieved from any further liability for the pay period once I have completed the hours recorded above.

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

ACCUMULATIVE LEAVE BALANCES:	BEGINNING BALANCE	USED FROM 1ST - 15TH	EARNED 1ST - 15TH	BALANCE AS OF 15TH	EARNED 16TH - 31ST	USED FROM 16TH - 31ST	ACCL BA
ANNUAL LEAVE	0	0	0	0		0	
SICK LEAVE	0	0	0	0		0	
PETTY LEAVE	0	0	0	0		0	
COMPTIME/FLEX*	0	0	0	0	0	0	

EARNED COMP TIME / FLEX TIME:

Brought Forward:	0.00
CT Earned This Month: <u>      </u> x 1.5	0.00
Straight CT/Flex Earned This Month:	
Less Comp./Flex Hrs. Taken This Month:	
Comp/Flex Hrs. Carried Forward:	0.00

(Must match accumulative leave balance)

SUPERVISOR'S CT APPROVAL: \_\_\_\_\_

\*Comp Time is earned by non-exempt employees with prior approval from their supervisor have completed a 40 hr. work week. Flex Time is earned by exempt employees with prior approval from their supervisor.

Approval of Health Director: \_\_\_\_\_



# Aid to County Expenditure Report Preparation

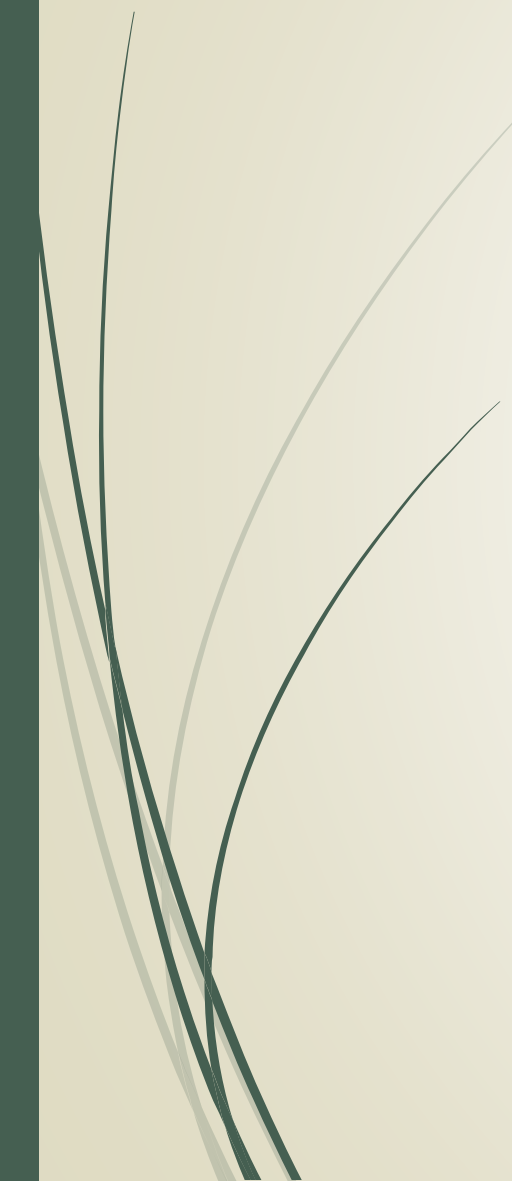


# Aid to County Expenditure Report

- Draw Down State Funding
- Report Local Allocations
- Completed Monthly
- Deadlines set by State Controllers Office
- For single county health departments:
  - Approved by Health Director
  - Certified by County Finance Office
- For Districts or Public Health Authority
  - Approved by designated person entering expenditures
  - Certified by County Health Director

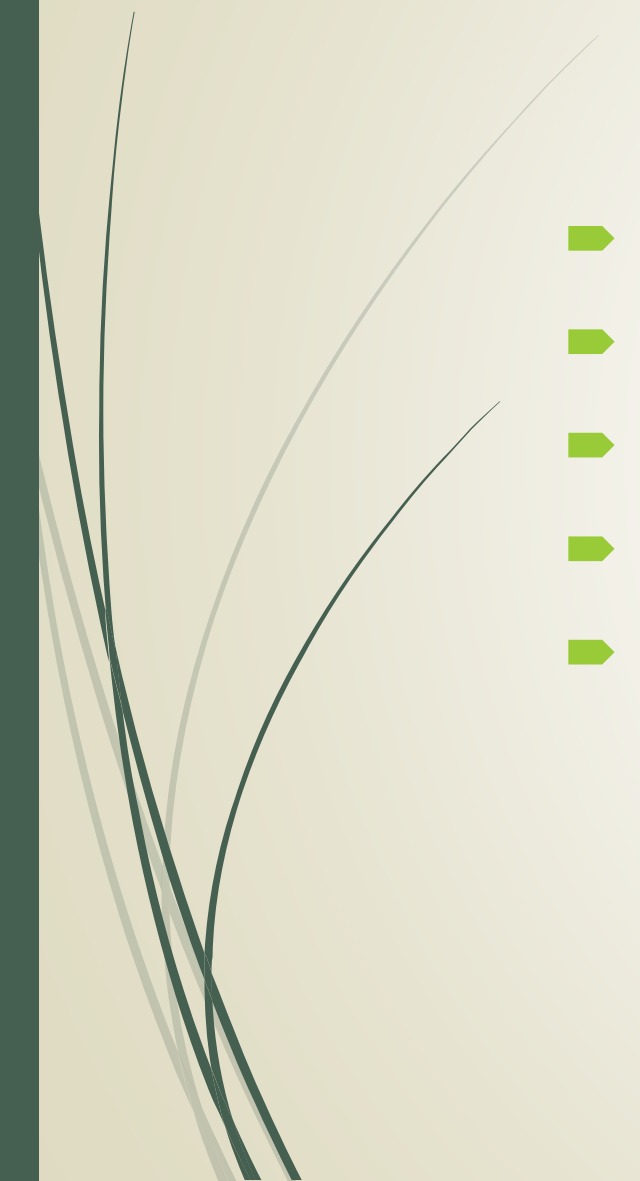


# Preparing for Aid to County Expenditure Report:

- ▶ County Finance General Ledger Expenditure Report
  - ▶ Time Equivalency Report
  - ▶ Monthly Revenue Sources
    - ▶ Medicaid earnings by program
    - ▶ Patient Fees collected for all programs
    - ▶ Insurance earnings by program
    - ▶ Grant or Other funding
- 



# Drawing down State Money

- Refer to your Agreement Addendum
  - Required Work Activity
  - Funding Stipulations
  - Prior Approval for Purchases
  - Draw down by method other than expenditures
- 



# Checks and Balances

- Total County General Ledger Report for month should balance to the WIRM report for the month
- Program audits to ensure proper draw down of state funds
- Administrative Monitoring to ensure proper method for calculating WIRM

# Aid to County Line Screenshot

Page: 1 of 15

<< Previous 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Activity	Fund	RCC	FRC	Description	Begin Date	End Date	Fiscal Year	Remaining Allocations	Amount Requested	Local 101	Local 102	Local 103	Teen Pregnancy Match	DENR	Bl
<a href="#">101</a>	13A1	5740	00	Maternal Health	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">101</a>	13A1	5740	AP	Maternal Health (HMHC)	6/1/2012	9/30/2012	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">101</a>	13A1	5740	AP	Maternal Health (HMHC)	10/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">101</a>	ZZZZ	ZZZZ	ZZ	Local Use Only - Maternal Health	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$34,841.87	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0
<a href="#">107</a>	13A1	5107	AP	PCM for Women Ineligible for Medicaid	6/1/2012	9/30/2012	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">107</a>	13A1	5107	AP	PCM for Women Ineligible for Medicaid	10/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">107</a>	ZZZZ	ZZZZ	ZZ	Local Use Only - Pregnancy Care Management Women	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$14,295.96	\$0.00	\$0.00	\$0.00	\$0
<a href="#">110</a>	1161	4110	00	General Aid to Counties	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">110</a>	13A1	592A	FP	Pharmacist Services for FP/Title X-1/12th	6/1/2012	6/29/2012	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">110</a>	13A1	592B	FP	Pharmacist Services for FP/Title X-11/12ths	6/30/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">110</a>	ZZZZ	ZZZZ	ZZ	Local Use Only - Pharmacist Services for FP/Title	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$20,311.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">116</a>	13A1	5116	AP	Healthy Beginnings	10/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">116</a>	13A1	5116	AP	Healthy Beginnings	6/1/2012	9/30/2012	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">116</a>	ZZZZ	ZZZZ	ZZ	Local Use Only - Healthy Beginnings	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">125</a>	13A1	510L	JB	Eastern Baby Love Plus	6/1/2012	1/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">125</a>	13A1	510M	JB	Eastern Baby Love Plus	2/1/2013	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">125</a>	ZZZZ	ZZZZ	ZZ	Local Use Only - Eastern Baby Love Plus	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">126</a>	13A1	530M	JA	Triad Baby Love Plus	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">126</a>	ZZZZ	ZZZZ	ZZ	Local Use Only - Triad Baby Love Plus	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
<a href="#">127</a>	13A1	520N	JC	Northeastern Baby Love Plus	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0

296 Results Available

VIC-FRC GC: \$0.00

VIC-FRC GD: \$0.00



# WIRM Totals for the Month

	Totals for the Month
<b>Requested:</b>	<b>\$46,587.37</b>
<b>Loc 101:</b>	<b>\$145,236.45</b>
<b>Loc 102:</b>	<b>\$25,425.54</b>
<b>Loc 103:</b>	<b>\$7,483.25</b>
<b>Teen Pregnancy:</b>	<b>\$0.00</b>
<b>DENR:</b>	<b>\$0.00</b>
<b>Bioterrorism:</b>	<b>\$0.00</b>
<b>Temporary Food Establishment Fees:</b>	<b>\$0.00</b>
<b>Grand Total:</b>	<b>\$224,732.61</b>



# QUESTIONS

BREAK TIME





# Administrative Monitoring

Presented By Jessica Garner

Public Health Administrative Consultant

DHHS/DPH/LTAT



# Administrative Monitoring



Administrative Monitoring was developed to assure that Local Health departments are in compliance with the Consolidated Agreement, State Program Rules, Title X Requirements, and Local Policies.



# Programs Reviewed

The following programs are reviewed as a part of Administrative Monitoring

- Maternal Health
- Child Health
- Family Planning
- STD
- TB
- Immunizations



# Areas Reviewed During Administrative Monitoring

- Staff Time Documentation
- Expenditure Reporting
- Budgeting
- Revenue Management
- Patient Fee & Eligibility Policies
- Patient Financial Eligibility Screening
- Medicaid Eligibility
- Residency Requirements
- Accounts Receivable



# DPH Financial Checklist

- Additional review tool which is now a part of Administrative Monitoring
- County Finance Office maintains many of the policies required for review
- District Health Departments are responsible since they are a separate entity
- Findings related to the Financial Checklist are considered funding conditions and may require a corrective action plan




# DPH Financial Checklist Requirements

- Contracts (Consolidated Agreement)
- Budgets
- Accounting Procedures
- Purchasing Policies and Procedures
- Internal Control Policies
- Cost Allocation
- Inventory System
- Staff Time Records & Allocation of Personnel Expense
- Expenditure Reporting and Support Documentation



# Billing Policies and Procedures

- 
- ▶ Written policy should be in place addressing how denied claims are handled; who is responsible, time frame for processing, steps for processing claims that can be re-billed
  - ▶ Fee Schedule should reflect 340B pricing, and policy should indicate how charges are applied for any drug/device purchased through a 340B contract



# Monitoring Process



- Completed every 2 years
- Health Director is contacted by the Administrative Consultant 45 days
- Findings are discussed with staff and a formal review letter is sent to the agency within 30 days of the visit
- The health department has 30 days to complete CAP requirements if needed
- Billing Review is also completed during the monitoring visit



# Monitoring Results

## **Findings are in one of two categories:**

- Recommendations: Usually are issues identified that are considered to Best Practice.
- Funding Conditions: Are any non compliance issues identified related to State or Federal program rules. A written Corrective Action Plan is required to address all Funding Conditions



# QUESTIONS



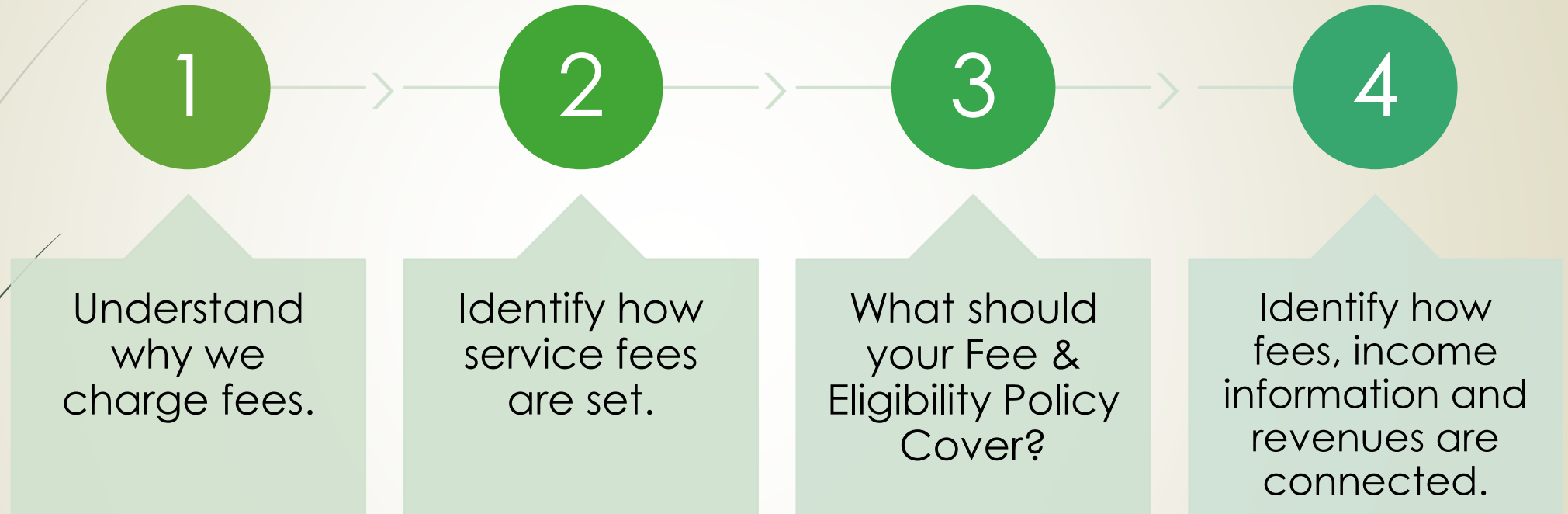
# Fees, Eligibility, Billing & Reimbursement

Presented by Kathy Brooks

Public Health Administrative Consultant

DHHS/DPH/LTAT

# Training Objectives

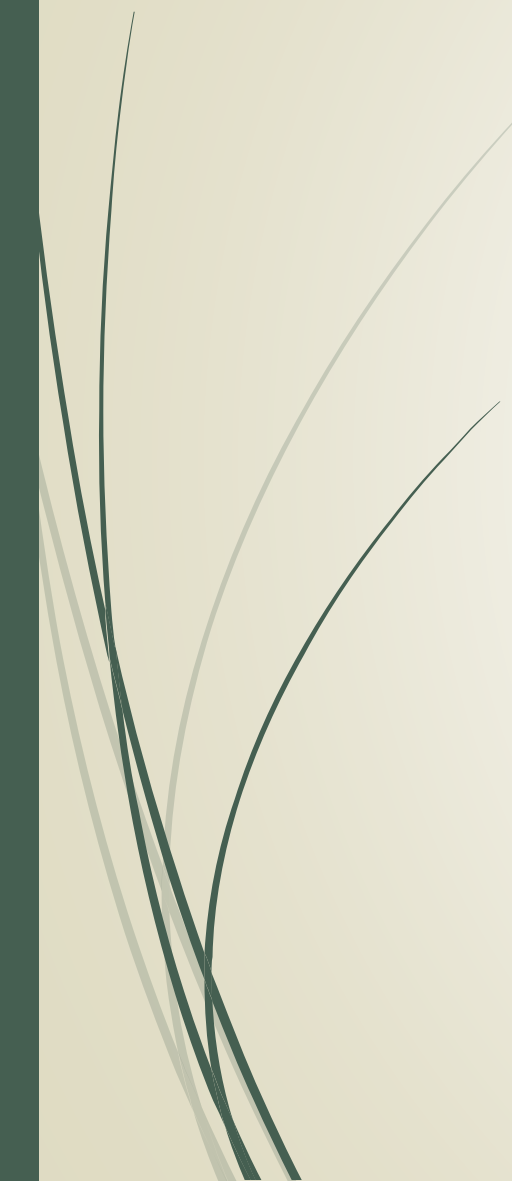




\$\$\$\$ Fee Setting \$\$\$\$\$\$



# Why do we charge fees?



The purpose of charging fees is to increase resources and use them to meet residents' needs in a fair and balanced way. Fees are necessary to help cover the full cost of providing recommended and needed health services. As much as possible, we set fee amounts based on the real cost of providing that service (calculated as **direct costs** plus **indirect costs**).



# What contributes to cost?

## Direct Costs may include:

- Salary and fringe -typically 75-80% of budget (or more)
- Supplies- band aids, table paper, forms, syringes, alcohol wipes, etc.
- Pharmaceuticals
- Travel
- Computer hardware & software

## Indirect Costs may include:

- Facility costs (utilities, rent, insurance, cleaning contracts, etc)




*North Carolina law<sup>1</sup> allows a local health department to charge fees for services as long as:*

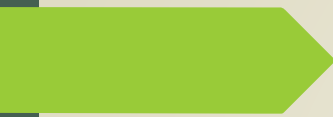
1. Service fees are based on a plan recommended by the Health Director and approved by the Board of Health and the County Commissioners.
2. The health department does not provide the service as an agent of the State (i.e. VFC immunizations)
3. And the fees are not against the law in any way.

<sup>1</sup> North Carolina General Statute 130A-39(g)



# How do we set fees?

- Health Department fees should be set based on the cost to provide the service. There is updated language in the Consolidated Agreement that states you may use “cost related” methods. This includes the Medicaid Cost Report.
  - Methodology for setting fees is a required piece of evidence for reaccreditation. This should include any minutes from meetings held during the process.
- 



# Standard Fee (formerly referred to as Flat Fee)

- Also determined based on the cost to provide the service
- No Sliding Fee Scale required
- Typically collected prior to service
- Child Health/Maternal Health- Title V policy on applying sliding fee scale: any client whose income is less than the federal poverty level will not be charged for a service, if that service is partly or wholly supported by Title V funds. For clients having incomes above the federal poverty level, the sliding fee scale of the local health department will be used to determine the percent of client participation in the cost of the service.

**10A NCAC 43B .0109 CLIENT AND THIRD-PARTY FEES**



# Billing & Reimbursement



# Follow Your Policies

- Scheduling Appointments
- Residency Requirements
- Method of Collecting Income Information
- Proof or Declaration of Income
- Formula for Calculating Income
- Sliding Fee Scale
- Applying Fees Based on % of pay

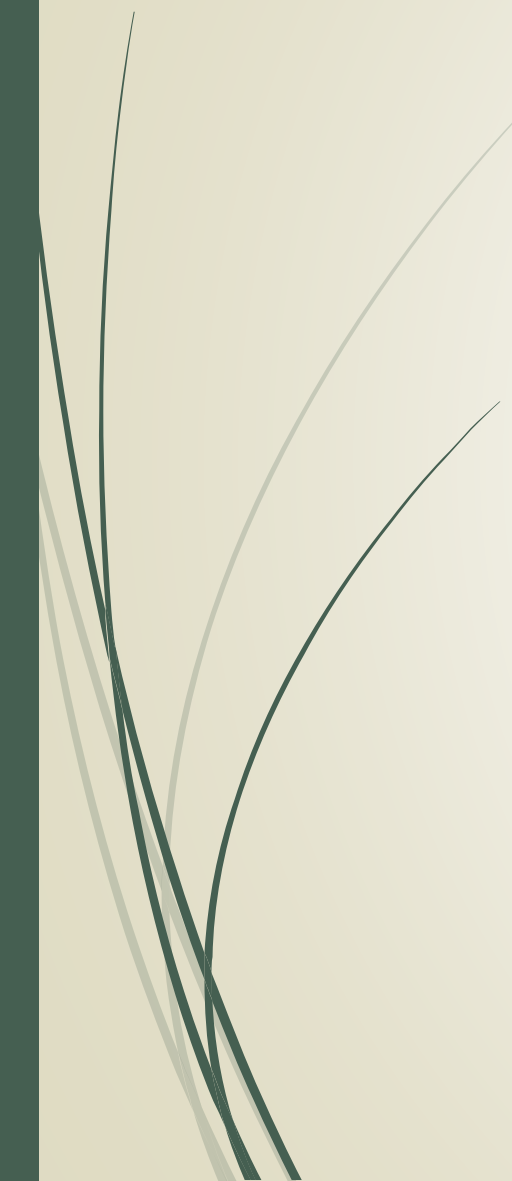


# Fee & Eligibility Policy: Key Elements

- Must follow your agency Policy on Policies format
- Identification
- Proof of Residency
- Documentation of Income
- Determining Gross Income & Family Size
- Program Specific Eligibility Guidelines
- Billing & Revenue
  - Direct Patient Charges
  - Billing Medicaid and Insurance
- Fee Collection



# Elements of Registration

- 
- Name
  - Alias (if applicable)
  - Address (PO & Street)
  - Phone
  - Race & ethnicity
  - Employer
  - Medicaid/insurance, income documentation
  - Household contacts & income
  - Identification
  - Signatures (Clerk & Client)



# Residency Requirements

- Must serve anyone requesting services regardless of what county they live in for:

Family Planning

Communicable Disease

Immunizations



# Local Policy For Residency

- It is a local policy decision as to whether or not you serve non county residents for

Adult Health

Maternal Health

Child Health




# Proof of Identification

- A copy of the proof of identification may be placed in the medical record dated with the date obtained and initials of clerk.
- If no proof of identity is available due to theft, loss, or disaster, an individual is homeless, or a migrant, document the reason for no proof on the Patient Registration .



# Proof of Identification continued

- Name changes should not be made unless proper ID with corrected name is presented, i.e. social security card, driver's license, official ID with photo, birth certificate (children only).
- 

# Race & Ethnicity

- **Race Standards** (*Census.gov*)

**Based on Self-identification:** White, Black or African American, American Indian or Alaska Native, Asian, or other Pacific Islander

- **Ethnicity:** Ethnicity is a variable commonly used in studies on health disparities. Ethnicity is broken into two categories: Hispanic/Latino or Not Hispanic/Latino.

**NOTE:** Patients who do not complete the Race/Ethnicity section on the registration form will be asked by registration staff to complete the Race/Ethnicity section or to decline to self-identify. This will be marked in the patient's demographic screen.



# Sliding Fee Scales

- Provided by DHHS and updated annually
- Based on Federal Poverty Register
- FP requires 101%-250% scale be used
- CH, MH, AH & Dental are local decisions
- BCCCP requires 101%-250% scale be used



# Collection of Revenue

## **Consolidated Agreement item 8. states:**

For Departments participating in Medicaid Reimbursement, the Department shall:

- a. Execute a Provider Participation Agreement  
with the Division of Medical Assistance.



# Collection of Revenue

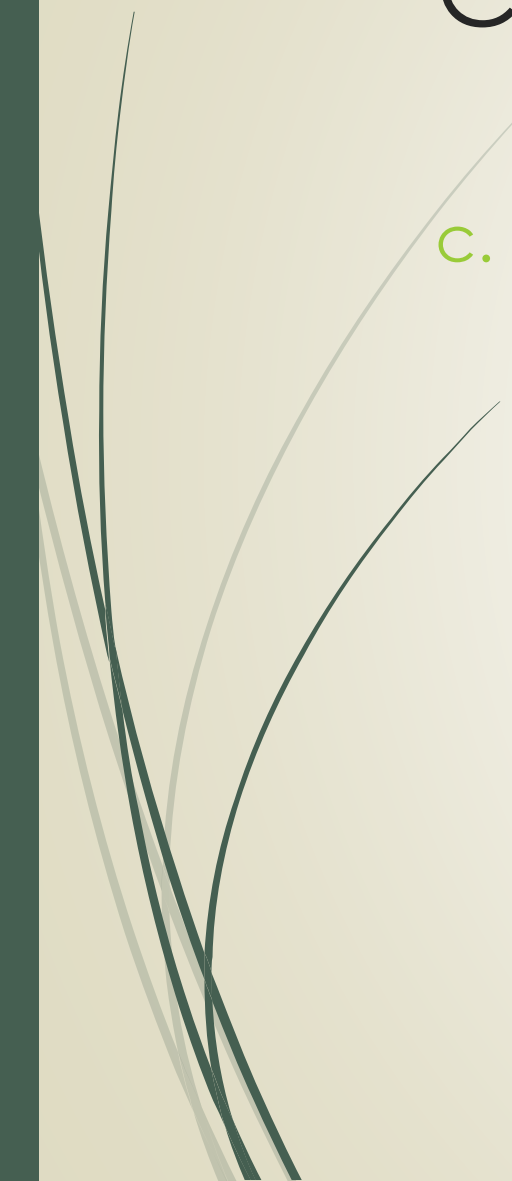
continued

- b. Make every reasonable effort to collect its cost in providing services, for which Medicaid reimbursement is sought, through public or private third party payers except where prohibited by Federal regulations or State law; **however, no one shall be refused services solely because of an inability to pay**



# Collection of Revenue

continued

- c. Establish one charge per clinical/support service for all payers (including Medicaid) based on their costs. All payers must be billed the same established charge, but the Department may accept negotiated or other agreed upon lower amounts (e.g., the Medicaid reimbursement rate) as payment in full.
- 

# Collection of Revenue

continued

d. There is an exception to the “one charge per service” and that is for 340B drugs.

## **Non-340-B Drugs**

- Providers shall bill their usual and customary charges.

## **340-B Drugs**

- The Physician Drug Plan (PDP) Clinical Coverage Policy allows for reimbursement of drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have registered with the OPA at <http://opanet.hrsa.gov/opa/CE/CEMedicaidextract.aspx>. Providers billing for 340-B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.



# Collection of Revenue

continued

- e. In extreme or unusual circumstances, the Health Director (or designee), in consultation with billing staff, is authorized to circumvent these guidelines.



# Service Restrictions

- Counties may restrict services to only county residents only for Maternity, Child Health, Dental, Primary Care/Adult Health
- Counties can restrict services to only a certain population i.e. prenatal care for women with no insurance only , or dental clinic for clients birth to 21.
  - Follow your local policy
- FP, Immunizations, TB, CD, STD/HIV services must be provided to all clients regardless of county of residence.



# Service Denials

- ▶ Family Planning, Maternal Health and Child Health do not distinguish between an inability to pay and unwillingness to pay
  - ▶ Denying or restricting patient visits due to financial reasons in these programs is not allowable
  - ▶ Child Health Title V funds should be used to cover Non-Medicaid clients



# Definition of Economic Unit

- A family is defined as a group of related or non-related individuals who are living together as one **economic unit**. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related.



# Family Planning Rules

- Anyone requesting confidential services must have fees assessed based on their own income.
- Age is not an issue when determining confidentiality
- Count as family unit of one
- Document “No Mail” client



# Collecting Third Party Information

- Obtain Medicaid information and copy “card”
- Ask about other third party coverage
- Make copies of any insurance cards
- Collect any co-pay at the time service is delivered
  - Remember! Family Planning patients cannot be charged more in copays and deductibles than what they would pay based on SFS



# CoPays

## Medicaid

Charge copays for:  
Adult Health/Primary Care  
Adult Dental  
Adult Immunizations

## Insurance

Collect copay on card IF  
you are in-network  
Otherwise, no obligation to  
collect


## Family Planning Special requirements

Collect copay or sliding fee  
scale- whichever is lowest



Financial Eligibility

# Documentation of Income



Failure to bring proof of income or Third Party Confirmation Letter will result in the individual being charged 100%. Charges will remain at 100% if proof of income is not presented within 30 days (or another timeframe)



# Financial Eligibility

continued

- Standard Fee services do not require financial eligibility- typically collected prior to service being rendered,
- It is recommended that household income be checked on all patients including Medicaid eligible patients (in case there are non-Medicaid eligible services or the client eligibility cannot be confirmed).



For a complete list of documents/sources of income verification please see:

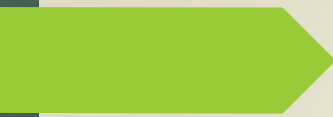
<http://publichealth.nc.gov/lhd/docs/ApprovedIncomeDocuments-SourcesOfIncome.pdf>





# Frequency of Financial Eligibility Screening

- Financial Eligibility is good for one year unless changes in employment or income occur
- Ask at each visit if there have been changes
- If changes have occurred update the eligibility screening



# Presumptive Eligibility (for Pregnant Women)

- Use guidelines for applications taken on or after August 15, 2014.
- Follow Modified Adjusted Gross Income (MAGI) guidelines
- Submit to DSS for completion of process and final eligibility determination
- <https://dma.ncdhhs.gov/providers/forms/presumptive-eligibility-forms>

Patient Record # \_\_\_\_\_  
 Date Care Initiated \_\_\_\_\_

 N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF MEDICAL ASSISTANCE

 Eligible \_\_\_\_\_ Ineligible \_\_\_\_\_  
 Due Date \_\_\_\_\_

## PRESUMPTIVE ELIGIBILITY DETERMINATION FORM FOR PREGNANCY – RELATED CARE

 Patient Information: Address \_\_\_\_\_  
Street Address City State Zip County \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## Household Members:

Line No.	HOUSEHOLD MEMBERS							TAX FILING STATUS					
	NAME (First, MI, Last)	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP TO APPLICANT	SEX	RACE* (optional)	ETHNICITY** (optional)	SOCIAL SECURITY # (optional)	NC RESIDENT? (y/n)	Will this person file federal income taxes for current year?	Claimed as tax dependent on current year's tax return? (y/n)	If tax dependent , who will claim?	Meet any tax exceptions?	Claim anyone not living in home? If so, who?
1													
2	UNBORN CHILD												
3													
4													
5													
6													

\*Asian = A American Indian or Alaska Native = I Native Hawaiian or other Pacific Islander = P Caucasian or White = W Black or African American = B Unreported = U  
 \*\*Not Hispanic/Latino = N Hispanic Cuban = C Hispanic Mexican = M Hispanic Puerto Rican = P Hispanic Other - H

## Financial Eligibility Information:

TOTAL COUNTABLE MONTHLY INCOME = \$	NUMBER IN HOUSEHOLD:	POVERTY INCOME LEVEL: \$
-------------------------------------	----------------------	--------------------------

## Health Insurance Information (optional):

Company Name	Policy Holder's Name	Policy Number	Group Number	Insurance Type(s)	Policy Begin Date

I attest that I am pregnant with \_\_\_\_\_ fetus(es). I understand that this is a temporary determination of my eligibility for Medicaid and that if I do not file an official application for Medicaid by the last day of the month following the month this form is signed my eligibility will stop on that date. I also understand that I am eligible only for outpatient prenatal care related to my pregnancy. I certify that I have provided true and accurate information about my household, income, and state residency.

The federal government requires the State to provide information about your language preference. Please help us by providing the language you prefer to speak (circle one) English Spanish Other Specify \_\_\_\_\_

Application Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Provider Name/NPI # \_\_\_\_\_ Completed by (print): \_\_\_\_\_ Title \_\_\_\_\_ Signature/Date \_\_\_\_\_



# General Billing Information

- Medicaid is billed as the payer of last resort. Verification that patient is covered by Medicaid should be done at or before each visit. The health department bills Medicaid and accepts payment in full

-



# Regulations & Resources

- Local Fee and Eligibility Policy
- Consolidated Agreement
- Medicaid Participation Agreement
- Program Rules and Regulations
- NC General Statutes
- NC Administrative Code
- Administrative Consultants



# POLICIES & PROCEDURES

Presented by Kathy Brooks

Public Health Administrative Consultant

DHHS/DPH/LTAT



# BILLING POLICIES

- Fee & Eligibility Policy
- Fee Setting Policy (may be combined with Fee & Eligibility)
- Bad Debt Write-Off
- Debt Set Off
- Money Handling/Daily Deposit



# ADDITIONAL POLICIES NEEDED

- ➡ Please follow this link to the NC Health Department Accreditation website for a list of policies required for Re-Accreditation (begins on page 275)
- ➡ [Policies & Procedures required for Re-Accreditation](#)



# Managing Outstanding Accounts Receivable

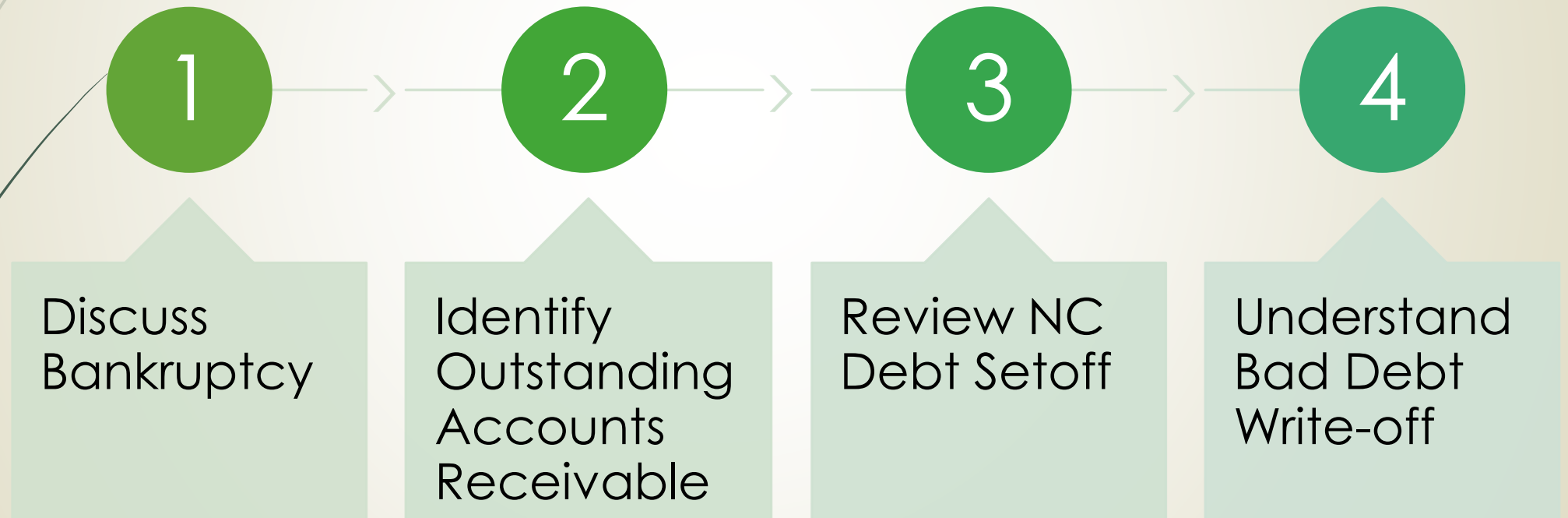
Presented by

Ann Moore

Public Health Administrative Consultant

DHHS DPH Local Technical Assistance and Training

# Training Objectives





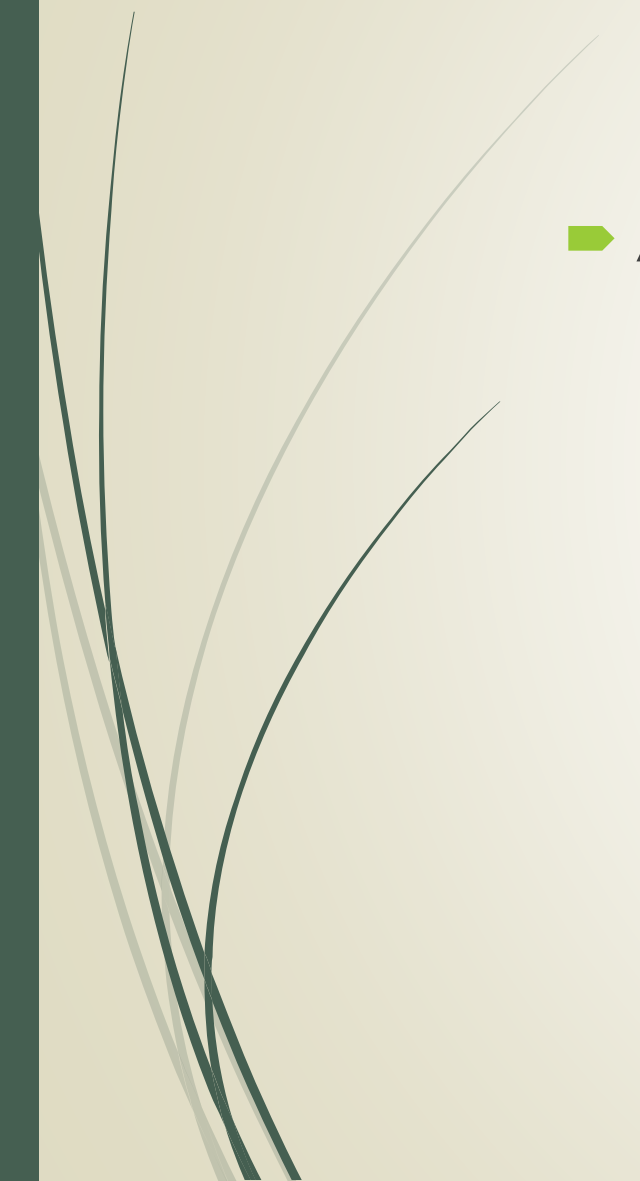
# Bankruptcy



- Legal notification from Bankruptcy court
- No further collection of outstanding account
- Note or flag on patient's account
- Account may be written off
- Patient may volunteer to pay
- Additional visits are charged



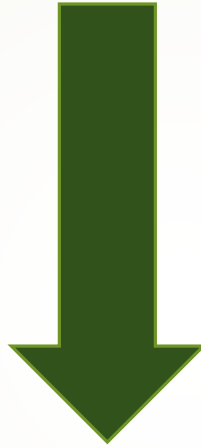
# Identifying Outstanding Accounts

- Aged Accounts Receivable Report
    - Medicaid
    - Insurance
    - Patient Pay
      - When was the last visit?
      - When was the last payment?
- 

# What are Our Options?



Continue  
to  
Monitor



NC  
Debt  
Setoff



Bad  
Debt  
Write-off



# NC Debt Setoff

- ▶ North Carolina General Statutes Chapter 105A: Setoff Debt Collection Act
- ▶ NC Income Tax Refund or Lottery
- ▶ Mandated Fees
- ▶ Requires Name and SSN/ITIN
  - ▶ Not a breach of confidentiality since debt is listed as county, not Health Department
- ▶ Requires Local Policy



# Requirements for Debt Submission

- Debt Must be at least 90 Days Old
  - Amount Must be at least \$50.00
  - Must Give Proper Notice of the Debt to the Debtor
  - Must Give Rights of Appeal to Debtor
  - <http://www.ncsetoff.org>
- 



# NC Debt Setoff

- ▶ Debt Can Remain on File with NC DOR Until Paid
- ▶ Balances are NOT REMOVED from the Patient's Ledger
- ▶ Transfer the Balance to NC Debt Setoff Guarantor



# Bad Debt Write-off

- Per Agency Written Policy
  - How old?
  - How often?
  - Who approves?
- Removed from Ledger after Approval
- Patient is Never Informed of Bad Debt Write-off
- No Longer a Requirement to Reinstate Debt



## NC Debt Setoff

- Leave on Ledger
- Patient Notified
- 90 Days Old
  
- Requires Written Policy

## Bad Debt Write-off

- Remove from Ledger
- Patient Not Notified
- Age According to Policy
  
- Requires Written Policy



# QUESTIONS



# Training Evaluation Survey

Thank you for attending today's training.

We always want to be sure that we are meeting your needs and ask that you take the Training Evaluation Survey located at:

<https://www.surveymonkey.com/r/ZYLBNBD>